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MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Hire	<u>5/20/02</u>	Dept. <u>5620</u>										
Employee Name: <u>Hayward Savage</u>		SS#	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried												
VACATION:		<u>Hold until 4/5/17-03</u> <input type="checkbox"/> <u>1/2 Day</u> Date Requested _____ <input type="checkbox"/> <u>Full Day(s)</u> Date(s) Requested <u>Money only</u>													
FLOATING HOLIDAY:		(circle one) Date Requested <u>Money only</u> Calendar <input checked="" type="radio"/> Anniversary													
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>															
Hayward Savage Employee Signature		<u>4/29/03</u> Date													
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>															
SECTION 2 <i>To Be Completed by Human Resources</i> <table border="0"> <tr> <td><u>Vacation</u></td> <td><u>Floating Holidays</u></td> </tr> <tr> <td>1) Total Days Due: _____</td> <td>Total Days Due: _____</td> </tr> <tr> <td>2) Days Requested: _____</td> <td>Days Requested: _____</td> </tr> <tr> <td>3) Days Remaining: _____ (1 - 2 = 3)</td> <td>Days Remaining: _____ <u>MAY 17 2003</u></td> </tr> </table>						<u>Vacation</u>	<u>Floating Holidays</u>	1) Total Days Due: _____	Total Days Due: _____	2) Days Requested: _____	Days Requested: _____	3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____ <u>MAY 17 2003</u>		
<u>Vacation</u>	<u>Floating Holidays</u>														
1) Total Days Due: _____	Total Days Due: _____														
2) Days Requested: _____	Days Requested: _____														
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____ <u>MAY 17 2003</u>														
Human Resources Representative's Signature		Date													
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i> <table border="0"> <tr> <td>SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> <td>SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> </tr> <tr> <td><u>Joe Haisson</u></td> <td><u>4/29/03</u></td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> <td>PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>						SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	<u>Joe Haisson</u>	<u>4/29/03</u>	Signature	Date	FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Signature	Date
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>														
<u>Joe Haisson</u>	<u>4/29/03</u>														
Signature	Date														
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>														
Signature	Date														
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>															

MOUNTAIRE FARMS OF DELMARVA					
Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire <u>5/20/02</u>	Dept. <u>5620</u>
Employee Name: <u>Hayward Savage</u>		SS#.		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:					
<input type="checkbox"/> $\frac{1}{2}$ Day		Date Requested _____			
<input type="checkbox"/> Full Day(s)		Date(s) Requested _____			
FLOATING HOLIDAY:					
Date Requested <u>Money only</u>		(circle one) <input type="radio"/> Calendar		<input type="radio"/> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature <u>Hayward Savage</u>		Date <u>12-9-02</u>			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2 <i>To Be Completed by Human Resources</i>		02 DEC 10			
Vacation			Floating Holidays		
1)	Total Days Due: _____		Total Days Due: _____		
2)	Days Requested: _____		Days Requested: _____		
3)	Days Remaining: _____ (1 - 2 = 3)		Days Remaining: _____		
Human Resources Representative's Signature			Date <u>DEC 07 2002</u> <u>WEEK ENDING</u>		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
<u>Joseph Martin</u>			Signature _____ Date _____		
Signature _____ Date _____			Signature _____ Date _____		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature _____ Date _____			Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE

Time Off Request Form

Name Jasper Smith S.S.# 5

Date of Hire 7/20/00 Department Foreman

UNION

NON-UNION HOURLY

SALARIED

(CHECK ONE):

Vacation

Personal/Floating
Holiday - Calendar

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested

Money only JK

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Jasper Smith
Employee's Signature

7-2-2011

PA

JH

Joseph Martin
SUPERVISOR'S SIGNATURE

7-2-2011

WEEK

APPROVED DISAPPROVED

FOREMAN'S SIGNATURE

APPROVED DISAPPROVED

SUPERINTENDENT'S SIGNATURE

APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

APPROVED DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE
# OF DAYS REQUESTED	_____
# OF DAYS LEFT	_____

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1		To Be Completed by Employee		Date of Hire <u>7/20/00</u>	
Employee Name: <u>Jasper Smith</u>		SS# -		Dept. <u>5620</u>	
<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non Union Hourly <input type="checkbox"/> Salaried					
VACATION:					
<input type="checkbox"/> $\frac{1}{2}$ Day <input type="checkbox"/> Full Day(s)		Date Requested _____ Date(s) Requested _____			
FLOATING HOLIDAY: (circle one)					
Date Requested <u>8/6/01</u>		Calendar		<input checked="" type="checkbox"/> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature <u>Jasper Smith</u>			Date <u>8/6/01</u>		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		To Be Completed by Human Resources			
<u>Vacation</u>			<u>Floating Holidays</u>		
1) Total Days Due:	<u> </u>		Total Days Due:	<u> </u>	
2) Days Requested:	<u> </u>		Days Requested:	<u> </u>	
3) Days Remaining:	<u> </u>		Days Remaining:	<u> </u>	
(1 - 2 = 3) <u>PAYROLL</u>					
Human Resources Representative's Signature			Date <u>AUG 11 2001</u>		
SECTION 3		To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature _____ Date _____		Signature _____ Date _____			
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature <u>Jasper Smith</u> Date _____		Signature _____ Date _____			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 7/20/00 Dept. 5620

Employee Name: Jasper Smith SS#.

Union
 Non-Union Hourly
 Salaried

VACATION:

$\frac{1}{4}$ Day Date Requested _____
 Full Day(s) Date(s) Requested _____

already put in 8-11-01

FLOATING HOLIDAY:

Date Requested Money only '00 (circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Jasper Smith
Employee Signature

X 11/10/01
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

01 NOV 13

Vacation**Floating Holidays**

1) Total Days Due: _____
2) Days Requested: _____
3) Days Remaining: _____
(1 - 2 = 3)

Total Days Due: _____
Days Requested: _____
Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

SUPERVISOR: Approved Disapproved

SUPERINTENDENT: Approved Disapproved

X Joe Harrison
Signature Date

Signature Date

FOREMAN: Approved Disapproved

PLANT MANAGER: Approved Disapproved

Signature Date

Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA					
Request for Vacation or Floating Holiday					
SECTION 1		To Be Completed by Employee		Date of Hire <u>7/20/00</u>	
				Dept. <u>5620</u>	
Employee Name: <u>Jasper Smith</u>		SS#		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:					
<input type="checkbox"/> <u>1/2 Day</u> Date Requested _____		<input type="checkbox"/> <u>Full Day(s)</u> Date(s) Requested _____			
FLOATING HOLIDAY: _____ (circle one)					
Date Requested <u>Money only</u>		<input checked="" type="checkbox"/> Calendar		Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature <u>Jasper Smith</u>				Date <u>1-3-8-02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		To Be Completed by Human Resources			
<u>Vacation</u>			<u>Floating Holidays</u>		
1) Total Days Due:	<u> </u>		Total Days Due:	<u> </u>	
2) Days Requested:	<u> </u>		Days Requested:	<u> </u>	
3) Days Remaining:	<u> </u>		Days Remaining:	<u> </u>	
(1 - 2 = 3)					
Human Resources Representative's Signature			Date		
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)					
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature <u>Joseph J. Janin</u>			Signature		
Date			Date		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature			Signature		
Date			Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 7/20/00 Dept. 5620Employee Name: Jasper Smith SS#
 Union
 Non-Union Hourly
 Salaried

VACATION:

$\frac{1}{2}$ Day Date Requested _____

Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested Money only

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Jasper SmithDate 4/19/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

Vacation

Floating Holidays

1) Total Days Due:	<u>5</u>	Total Days Due:	<u>5</u>
2) Days Requested:	<u>5</u>	Days Requested:	<u>5</u>
3) Days Remaining:	<u>0</u>	Days Remaining:	<u>0</u>

(1 - 2 = 3) 0

Human Resources Representative's Signature

Date

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved Disapproved

Joseph Jansen
Signature Date

SUPERINTENDENT: Approved Disapproved

Signature Date

FOREMAN: Approved Disapproved

Signature Date

PLANT MANAGER: Approved Disapproved

Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

April - This is the one I called about this morning

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday											
SECTION 1 <i>To Be Completed by Employee</i> Date of Hire <u>7-20-2000</u> Dept. <u>Livestock</u> Employee Name: <u>Jasper Smith</u> SSN: <u>562-11-4010</u> <input type="checkbox"/> Union <input checked="" type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried											
VACATION: <input type="checkbox"/> <u>1/2 Day</u> Date Requested <u>23-7-02</u> <u>1 week</u> <u>1140</u> <input type="checkbox"/> Full Day(s) Date(s) Requested											
FLOATING HOLIDAY: (circle one) Date Requested _____ Calendar _____ Anniversary _____											
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>											
Jasper Smith Jr. Employee Signature		<u>7/2/02</u> Date									
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.											
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Vacation	Floating Holidays										
1) Total Days Due: _____	Total Days Due: _____										
2) Days Requested: _____	Days Requested: _____										
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____ <u>7/14/02</u> <u>JUL 20 2002</u> <u>WED</u>										
Human Resources Representative's Signature		Date									
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i> <table border="0"> <tr> <td>SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> <td>SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> </tr> <tr> <td><u>Joe Harrison</u> Signature</td> <td>Date</td> </tr> <tr> <td>FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> <td>PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>				SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	<u>Joe Harrison</u> Signature	Date	FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Signature	Date
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>										
<u>Joe Harrison</u> Signature	Date										
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>										
Signature	Date										
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.											

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1 <i>To Be Completed by Employee</i> Date of Hire <u>7/20/00</u> Dept. <u>5620</u>					
Employee Name: <u>Jasper Smith</u> SS# <u>5</u>			<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried		
VACATION: <input type="checkbox"/> $\frac{1}{2}$ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____					
FLOATING HOLIDAY: <u>April 11, 2003</u> (circle one) Date Requested <u>April 11, 2003</u> <input type="radio"/> Calendar <input type="radio"/> Anniversary					
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <p><u>Jasper Smith</u> <u>3/28/03</u> Employee Signature Date</p>					
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					
SECTION 2 <i>To Be Completed by Human Resources</i>					
Vacation Total Days Due: _____ Days Requested: _____ Days Remaining: _____ (1 - 2 = 3)			Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____		
Human Resources Representative's Signature _____ Date _____					
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Reph Maram</u> <u>3/28/03</u> Date _____			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Reph Maram</u> <u>3/28/03</u> Date _____		
MAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Reph Maram</u> <u>3/28/03</u> Date _____			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Reph Maram</u> <u>3/28/03</u> Date _____		
PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

wpd

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire 7-20-00

Dept. 5622-4

Employee Name: Jasper Smith Jr.

SS#

Union

Non-Union Hourly

Salaried

VACATION:

1/2 Day

Date Requested

Full Day(s)

Date(s) Requested July 21-July 25, 2003

Hold until w/e 7-19-03
1/wk

FLOATING HOLIDAY:

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Jasper Smith Jr.

X 7/1/03

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

Floating Holidays

- 1) Total Days Due:
- 2) Days Requested:
- 3) Days Remaining:
(1 - 2 = 3)

Total Days Due:

Days Requested:

Days Remaining:

PAVROL

JUL 19 2003

WEEK
ENCL

Human Resources Representative's Signature

Date

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

SUPERVISOR: Approved Disapproved

Joseph J. Jaram
Signature

Date

SUPERINTENDENT: Approved Disapproved

Signature

Date

FOREMAN: Approved Disapproved

Signature

Date

PLANT MANAGER: Approved Disapproved

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 7-20-2000 Dept. Live Stock

Employee Name: Jasper SmithSS#

Union Non-Union Hourly
 Salaried

VACATION: $\frac{1}{2}$ DayDate Requested 23 to 24 Full Day(s)Date(s) Requested **FLOATING HOLIDAY:**Date Requested

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Jasper Smith Jr.Date 7/2/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

JUL 9

Vacation**Floating Holidays**1) Total Days Due: Total Days Due: 2) Days Requested: Days Requested: 3) Days Remaining: Days Remaining:

(1 - 2 = 3)

Human Resources Representative's Signature

Date 7/2/02**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved Signature Jasper Smith Jr.Date

Signature

Date FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

July 20, 2000Dept. 5622-4Employee Name: Jasper Smith Jr. SS#

Union
 Non-Union Hourly
 Salaried

VACATION: $\frac{1}{2}$ Day

Date Requested _____

 Full Day(s)

Date(s) Requested _____

*already paid 4/12/03***FLOATING HOLIDAY:**Date Requested July 17, 2003

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Jasper Smith Jr.X 7/1/03

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

33 JUL 1

VacationFloating Holidays

1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____
July 18, 2003

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Jasper Smith Jr.
 Signature Date

Signature Date

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved

Signature Date

Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

3-26-02 10:42 AM

DMV PAYROLL

13024368027

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee* Date of Hire 1/26/98Dept. 5620Employee Name: Ron Tingle SS#.
 Union
 Non-Union Hourly
 Salaried
VACATION: $\frac{1}{2}$ Day

Date Requested

2 weeks
Money Only Full Day(s)

Date(s) Requested

01 MAR 26 19

FLOATING HOLIDAY:

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Ron R. Tingle3/22/02

Employee Signature

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved Joseph Garrison 3/25/02
Signature _____ Date _____

Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA					
Request for Vacation or Floating Holiday					
SECTION 1		To Be Completed by Employee		Date of Hire <u>1/26/98</u> Dept. <u>5620</u>	
Employee Name: <u>Ron Tingle</u>		SS#		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:					
<input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s)		Date Requested <u>Money only</u>		<u>1 week</u>	
FLOATING HOLIDAY: (circle one)					
Date Requested _____		Calendar		Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature <u>Ron R. Tingle</u>		Date <u>3/22/02</u>			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		To Be Completed by Human Resources			
<u>Vacation</u>			<u>Floating Holidays</u>		
1) Total Days Due:			Total Days Due:		
2) Days Requested:			Days Requested:		
3) Days Remaining:			Days Remaining:		
(1 - 2 = 3)					
Human Resources Representative's Signature			Date <u>MAR 23 2002</u>		
<u>WE'RE CELEBRATING</u>					
SECTION 3		To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature _____ Date _____		Signature _____ Date _____			
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature <u>Joseph Tingle</u> Date <u>3/25/02</u>		Signature _____ Date _____			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire <u>1/26/98</u>	Dept. <u>5620</u>
Employee Name: <u>Bon Tingle</u>		SS# _____		<input type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:		<input type="checkbox"/> $\frac{1}{2}$ Day Date Requested <u>Money only</u> <input checked="" type="checkbox"/> Full Day(s) Date(s) Requested _____		<u>1 week</u>	
FLOATING HOLIDAY:		(circle one)			
Date Requested _____		Calendar		Anniversary	
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <p><u>Ron R. Tingle</u> <u>3/22/02</u> Employee Signature Date</p>					
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					
SECTION 2 <i>To Be Completed by Human Resources</i>		3/18/02			
<u>Vacation</u>			<u>Floating Holidays</u>		
1) Total Days Due:	_____		Total Days Due:	_____	
2) Days Requested:	_____		Days Requested:	_____	
3) Days Remaining:	_____		Days Remaining:	_____	
(1 - 2 = 3)			<u>DAIRY FULL</u> <u>MAR 23 2002</u>		
Human Resources Representative's Signature			Date <u>WIEEK</u> <u>03/25/02</u>		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature _____ Date _____		Signature _____ Date _____			
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature <u>Joseph Gravim</u> <u>3/25/02</u> Date _____		Signature _____ Date _____			
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>					

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

1/26/98

Dept

5620

Union
 Non-Union Hourly
 Salaried

Employee Name: Ron Tingle

SS#

VACATION: $\frac{1}{2}$ Day

Date Requested _____

 Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

Money only

(circle one)

Calendar

Anniversary

Both

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Ron R. Tingle12-9-02

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation**

1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Floating Holidays

Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____
 DEC 07 2002

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved Joseph J. Brown

Signature

Date

SUPERINTENDENT: Approved Disapproved

Signature

Date

FOREMAN: Approved Disapproved

Signature

Date

PLANT MANAGER: Approved Disapproved

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA					
Request for Vacation or Floating Holiday					
SECTION 1		To Be Completed by Employee		Date of Hire <u>1-26-98</u>	
Employee Name: <u>Ron Tingle</u>		SS# <u></u>		Dept. <u>5620</u>	
				<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:					
<input type="checkbox"/> $\frac{1}{2}$ Day <input checked="" type="checkbox"/> Full Day(s)		Date Requested _____		Date(s) Requested <u>money only (2 weeks)</u>	
FLOATING HOLIDAY: (circle one)					
Date Requested _____		Calendar		Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.					
Employee Signature <u>Ron R. Tingle</u>				Date <u>2-7-03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		To Be Completed by Human Resources			
Vacation			Floating Holidays		
1) Total Days Due:	<u></u>		Total Days Due:	<u></u>	
2) Days Requested:	<u></u>		Days Requested:	<u></u>	
3) Days Remaining:	<u></u>		Days Remaining:	<u>21</u>	
$(1 - 2 = 3)$			<u>FF3</u>		
Human Resources Representative's Signature			Date <u>2/7/03</u>		
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		Date <u>2/1/03</u>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>John Harrison</u>				Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>				PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____				Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 1/26/98 Dept. 5620

Employee Name: Ron Tingle SS#.

Union
 Non-Union Hourly
 Salaried

VACATION:

$\frac{1}{2}$ Day Date Requested _____
 Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

Money only

(circle one)

Calendar

Anniversary

Both

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Ron R. Tingle

X 12-9-02

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Floating Holidays

Total Days Due: _____
 Days Requested: _____
 Days Remaining: PAYROLL
DEC 07 2002

Human Resources Representative's Signature

Date

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

SUPERVISOR: Approved Disapproved

Joseph J. Tingle
 Signature Date

SUPERINTENDENT: Approved Disapproved

Signature Date

FOREMAN: Approved Disapproved

Signature Date

PLANT MANAGER: Approved Disapproved

Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA							
Request for Vacation or Floating Holiday							
SECTION 1		To Be Completed by Employee		Date of Hire	1/26/98		
				Dept.	5622-#4		
				<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried			
Employee Name:		<u>Ron Tingle</u>		SS#			
VACATION:							
<input type="checkbox"/> $\frac{1}{2}$ Day		Date Requested _____					
<input type="checkbox"/> Full Day(s)		Date(s) Requested _____					
FLOATING HOLIDAY:							
Date Requested		<u>July 7 & 8th 2003</u>		(circle one) <input type="radio"/> Calendar <input type="radio"/> Anniversary <input type="radio"/> Personal			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>							
Employee Signature		<u>Ron Tingle</u>		Date			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.							
SECTION 2		To Be Completed by Human Resources					
<u>Vacation</u>			<u>Floating Holidays</u>				
1)	Total Days Due:	_____	Total Days Due:	_____			
2)	Days Requested:	_____	Days Requested:	_____			
3)	Days Remaining:	_____	Days Remaining:	_____			
(1 - 2 = 3)			_____				
Human Resources Representative's Signature			Date				
Date							
(7/2/03)							
SECTION 3		To Be Completed by Employee's Supervisor(s) and/or Manager(s)					
SUPERVISOR:		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SUPERINTENDENT:		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
<u>Joseph J. Cannon</u>		Signature		Signature		Date	
FOREMAN:		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		PLANT MANAGER:		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
<u> </u>		Signature		Signature		Date	
NOTE:		PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

1/26/98

Dept.

5622-#4

Union
 Non-Union Hourly
 Salaried

Employee Name: Ron Tingle

SS#.

VACATION: $\frac{1}{2}$ Day

Date Requested _____

 Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

July 7 & 8th, 2003

(circle one)

Calendar

Anniversary

Both
Personal

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Ron Tingle

Date

Employee Signature _____

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

33 JUL 71

Vacation**Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved Joseph M. Cannon
Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved
Signature _____ Date _____

Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday					
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>2-6-04</u>		Dept. <u>5622</u>	
Employee Name: <u>Ronald Tingle</u> SS# <u></u> VACATION: <input type="checkbox"/> Other <u>Money only</u> <input type="checkbox"/> Full Day <u></u> Date Requested <u></u> Time Requested FROM <u></u> TO <u></u> <input type="checkbox"/> Extended Period Dates Requested FROM <u></u> TO <u></u>					
FLOWING HOLIDAY: <input type="checkbox"/> (circle one) Date Requested <u></u> Calendar <u></u> Anniversary <u></u>					
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature <u>Ron R. Tingle</u> Date <u></u>					
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>1/26/98</u>		Floating Holidays	
Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)					
PAYROLL Total Days Eligible: _____ FEB 07 2004 Days Taken: _____ WEEK ENDING Days Requested: _____ Days Remaining: _____					
Human Resources Representative's Signature _____ Date _____					
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joe Harrison</u> Signature _____ Date _____			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire <u>4/8/97</u>	Dept. <u>5620</u>
Employee Name: <u>Russell West</u>		SS#		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> <u>½ Day</u> Date Requested _____ <input type="checkbox"/> <u>Full Day(s)</u> Date(s) Requested _____					
FLOATING HOLIDAY: Date Requested <u>Money only</u>		(circle one) <input type="checkbox"/> Calendar <input checked="" type="checkbox"/> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature <u>Russell West</u>		Date <u>4/1/05</u>			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		<i>To Be Completed by Human Resources</i>			
Vacation			Floating Holidays		
1)	Total Days Due:	<u> </u>	2)	Total Days Due:	<u> </u>
2)	Days Requested:	<u> </u>	3)	Days Requested:	<u> </u>
3)	Days Remaining:	<u> </u>		Days Remaining:	<u> </u>
$(1 - 2 = 3)$			$17/31/05$ $11/20/2005$ $11/20/2005$		
Human Resources Representative's Signature			Date <u>4/1/05</u>		
SECTION 3		<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature <u>Joseph J. Jannin</u> Date <u>4/1/05</u>		Signature Date			
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature Date		Signature Date			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 4/8/97 Dept. 5620

Employee Name: Russell West SS#

Union
 Non-Union Hourly
 Salaried

VACATION:

$\frac{1}{2}$ Day Date Requested
 Full Day(s) Date(s) Requested

FLOATING HOLIDAY:

Date Requested Tri-Feb. 28th

(circle one)

Calendar

Anniv/sav

Employee Signature Russell West

Date 2/24/03

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

VacationFloating Holidays

1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved Disapproved

SUPERINTENDENT: Approved Disapproved

Signature

Date

Signature

Date

FOREMAN: Approved Disapproved

PLANT MANAGER: Approved Disapproved

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

6-28-04 2:52PM

MOUNTAIRE Request for Vacation or Floating Holiday					
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request	10-28-04		Dept. 3622-4
Employee Name: <u>Russell West</u>		SS#	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
VACATION:		<input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day _____ Date Requested _____ <input type="checkbox"/> Extended Period _____ Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY:		Date Requested <u>Money only</u> <input type="checkbox"/> (circle one) Calendar <input type="checkbox"/> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature: <u>Russell West</u>		Date <u>10-28-04</u>			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>4/8/97</u>		Floating Holidays	
Vacation 1) Total Days Eligible: _____ JUN 26 2004 2) Days Taken: _____ 3) Days Requested: _____ WEEK ENDING _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)		PAYROLL Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____			
Human Resources Representative's Signature _____ Date _____					
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joe Hansen</u> <u>10-28-04</u>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____			
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA					
Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire	4/8/97
Employee Name:		SS#		Dept. 5620	
Employee Name: <u>Russell West</u>		SS#		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:		Hold until W/E 4-5-03			
<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s)		Date Requested _____		Date(s) Requested <u>money only</u> (2 weeks)	
FLOATING HOLIDAY:		(circle one)			
Date Requested _____		Calendar		Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Employee Signature: <u>Russell West</u>		Date <u>4/03/27/03</u>			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		33 MAF 27			
Vacation			Floating Holidays		
1)	Total Days Due:	_____	Total Days Due:	_____	
2)	Days Requested:	_____	Days Requested:	_____	
3)	Days Remaining:	_____	Days Remaining:	_____	
(1 - 2 = 3)					
Human Resources Representative's Signature			Date		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		Signature <u>Joe Mariner</u> Date <u>3/27/03</u>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____		Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1		<i>To Be Completed by Employee</i> Date of Hire <u>4/8/97</u> Dept. <u>5620</u>	
Employee Name: <u>Russell West</u> SS# -		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> <u>1/2 Day</u> Date Requested _____ <input type="checkbox"/> <u>Full Day(s)</u> Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>Money Only</u> <small>(circle one)</small> <input type="checkbox"/> Calendar <input checked="" type="checkbox"/> Anniversary			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>Russell West</u>		Date <u>4-6-03</u>	
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
93 JUR 9 51			
SECTION 2 <i>To Be Completed by Human Resources</i>		Floating Holidays	
Vacation		Floating Holidays	
1) Total Days Due: _____		Total Days Due: _____	
2) Days Requested: _____		Days Requested: _____	
3) Days Remaining: _____ <small>(1 - 2 = 3)</small>		Days Remaining: _____ <small>JUN 07 2003</small>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature <u>Joe Maruso</u> Date <u>6/5/03</u>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE
Time Off Request Form

Name Samuel Chandler S.S.#

Date of Hire 2/5/90 Department Line Hand

UNION

NON-UNION HOURLY

SALARIED

5620

<p>(CHECK ONE):</p> <p>Vacation _____</p>	<p>Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/></p> <p>Personal/Floating Holiday - Anniversary</p>
---	--

Day/Date(s) Requested Friday, April 28, 2000

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Samuel Chandler Employee's Signature *4/27/00* Date

Joseph Harrim APPROVED DISAPPROVED
SUPERVISOR'S SIGNATURE DATE

APPROVED DISAPPROVED
FOREMAN'S SIGNATURE DATE

APPROVED DISAPPROVED
SUPERINTENDENT'S SIGNATURE DATE

APPROVED DISAPPROVED
PLANT MANAGER'S SIGNATURE DATE

<small>FOR OFFICE USE ONLY:</small>	<small># OF DAYS DUE</small> _____
<small># OF DAYS REQUESTED</small>	<small>_____</small>
<small># OF DAYS LEFT</small>	<small>_____</small>

FORM 011, revised
September 23, 1999

MOONTAIRE
Time Off Request Form

Name Samuel Chandler S.S.# 0562
 Date of Hire 5/24/93 Department Live Haul

 UNION NON-UNION HOURLY SALARIED

(CHECK ONE):		Personal/Floating Holiday - Calendar
Vacation	<input checked="" type="checkbox"/> PAYROLL	
		JUL - 8 2000 Personal/Floating Holiday - Anniversary

Day/Date(s) Requested

WEEK ENDING

Money only (2 weeks)

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Samuel ChandlerDate 7-10-2000SUPERVISOR'S SIGNATURE Joseph GarrisonDATE 7-10-2000 APPROVED DISAPPROVED

FOREMAN'S SIGNATURE

DATE APPROVED DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE APPROVED DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOONTAIRE
Time Off Request Form

Name Anthony O'dellins S.S.# _____
 Date of Hire 2/8/2000 Department Line Hand

 UNION NON-UNION HOURLY SALARIED56.50

(CHECK ONE):		Personal/Floating Holiday - Calendar	<input checked="" type="checkbox"/>
Vacation		Personal/Floating Holiday - Anniversary	

Day/Date(s) Requested

Money onlyNeed to findHAT IF ANYTHING
CIRCUMSTANCESI UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT
SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCE
THEY WILL COUNSEL ACCORDINGLY.

Anthony O'dellins
Employee's Signature

6-19-

Date

 DISAPPROVED

Joseph J. Jasmin
SUPERVISOR'S SIGNATURE

6-19-

DATE

 HT-Ser DISAPPROVED

FOREMAN'S SIGNATURE

DATE

 DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

 APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

 APPROVED DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 rev.2
September 23, 1999

JUN 17 2000

WEEK ENDING

